

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Phoenix
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124
County Registrar No. 675
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Salvador Edilla
3. Sex of Child Male
To be answered ONLY in event of plural births.
4. Twin, triplet or other Yes
5. No., in order of birth 2
6. Legitimate? Yes
7. Date of Birth June 19 1926
Month day year

8. FATHER
Full name Nemesio Edilla

9. MOTHER
Full maiden name Victoria Vigil

9. Residence (Usual place of abode) Phoenix
If nonresident, give place and state

15. Residence (Usual place of abode) Phoenix
If nonresident, give place and state

10. Color or race White
11. Age at last birthday 37 (Years)

16. Color or race White
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Spain
(State or country)

18. Birthplace (city or place) Guam
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)
21. Were precautions taken against erythema neonatorum? Not from

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature Nemesio Edilla
(Physician or midwife)
Address _____

Given name added from a supplemental report _____
Month, day, year. _____
Filed July 3, 1926
Local Registrar.

Registrar. _____
County Registrar. _____

251-619-553